

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/829504
APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		LATEST AMENDMENT		AFTER 2ND AMENDMENT										
	MD	DEP	MD	DEP	MD	DEP		MD	DEP	MD	DEP	MD	DEP	MD	DEP
1	1		1				51								
2	1		1				52								
3	1		1				53								
4		1		1			54								
5		1		1			55								
6		1		1			56								
7		1		1			57								
8		1		1			58								
9		1		1			59								
10		1		1			60								
11		1		1			61								
12		1		1			62								
13		12		12			63								
14		12		12			64								
15		12		12			65								
16		12		12			66								
17		1		1			67								
18		1		1			68								
19		1		1			69								
20		1		1			70								
21		12		12			71								
22		12		12			72								
23		12		12			73								
24		12		12			74								
25		12		12			75								
26		12		12			76								
27		12		12			77								
28		12		12			78								
29		12		12			79								
30		12		12			80								
31		12		12			81								
32		12		12			82								
33		12		12			83								
34		12		12			84								
35		12		12			85								
36		12		12			86								
37		12		12			87								
38		12		12			88								
39		12		12			89								
40		12		12			90								
41		12		12			91								
42		12		12			92								
43		12		12			93								
44		12		12			94								
45		12		12			95								
46		12		12			96								
47		12		12			97								
48		12		12			98								
49		12		12			99								
50		12		12			100								
TOTAL MD.	3						TOTAL MD.								
TOTAL DEP.	153						TOTAL DEP.								
TOTAL CLAIMS	156						TOTAL CLAIMS								